

Grant Partnership Reservation Form

Application Deadline: **September 15, 2022** Payment and Materials Due: **October 4, 2022**

The following company wishes to express interest in the support for the Cervical Spine Research Society events and/or activities indicated below. It is understood that this form is NOT an agreement for support, but rather an expression of interest to be followed, as necessary, by a formal grant request from CSRS to the granting company. Upon approval of the grant request, CSRS will be informed in writing and it is understood that grants will be used to support the educational goals of this activity.

Please type or print clearly.

Company Contact Name: _____

Company Name: _____

Address: _____

City/State: _____

Country: _____ ZIP/Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Grant Partnership Opportunities

Annual Meeting and Instructional Course	
<input type="checkbox"/> Coffee Break – AM Thursday	\$5,000
<input type="checkbox"/> Coffee Break – PM Thursday	\$5,000
<input type="checkbox"/> Coffee Break – AM Friday	\$5,000
<input type="checkbox"/> Coffee Break – PM Friday	\$5,000
<input type="checkbox"/> Coffee Break – AM Saturday	\$5,000
<input type="checkbox"/> Exclusive Welcome Reception – Thursday evening	\$30,000
<input type="checkbox"/> Friday Annual Meeting Lunch	\$15,000
<input type="checkbox"/> Wi-Fi Access	\$15,000
<input type="checkbox"/> Educational Grant	\$ _____
Research	
<input type="checkbox"/> Named Research Grant	\$ _____
<input type="checkbox"/> Registry Grant	\$75,000
Hands-on Surgical Techniques Course	
<input type="checkbox"/> Educational Grant	\$25,000
TOTAL GRANT SUPPORT INTEREST	\$ _____

Please retain a copy of this contract for your files and return this original application to:

Cervical Spine Research Society
 Larissa Mickelson,
 Meetings & Membership Manager
 555 E. Wells Street, Suite 1100
 Milwaukee, WI 53202
 Phone: +1-414-918-9834
 Fax: +1-414-276-3349
 Email: lmickelson@csrs.org

Advertising/Marketing Reservation Form

Application Deadline: **September 15, 2022** Payment and Materials Due: **October 4, 2022**

2022 Instructional Course and Annual Meeting

Marketing Contact Details

Contact listed below will receive all advertising related correspondence, including invoices, deadline reminders, etc.

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Company Details: _____

Company Name: _____

Address: _____

City/State: _____

Country: _____ ZIP/Postal Code: _____

Advertising/Marketing	
<input type="checkbox"/> Full-page Ad - Back outside cover	\$4,000
<input type="checkbox"/> Full-page Ad - Front inside cover	\$4,000
<input type="checkbox"/> Full-page Ad - Back inside cover	\$3,000
<input type="checkbox"/> Full-page Ad - interior	\$2,500
<input type="checkbox"/> Half-page Ad - interior	\$1,250
<input type="checkbox"/> Pre-Meeting Email Banner Ad	\$2,500
<input type="checkbox"/> Daily Email Banner Ad	\$7,000
<input type="checkbox"/> Registration Packets	\$7,500
<input type="checkbox"/> Registration Packet Insert	\$2,000
<input type="checkbox"/> Room Drops	\$ _____
TOTAL ADVERTISING/MARKETING	\$ _____

Full-page Ad specifications: Final trim size is 6" x 9". Ensure that bleeds are included and clearly shown with bleed and crop marks. Please add a bleed of 0.125" (3mm) to all sides of the final trim size. Background photos and graphics can bleed but we recommend to keep all type at least 0.5" (12mm) from the trim edge. *Half-page Ad specifications:* 4.5" x 4"

Ads should be supplied at 100% as a high resolution CMYK PDF of at least 300 dpi with all fonts and images embedded. Artwork must be submitted to CSRS by Oct. 4, 2022.

PAYMENT INFORMATION

Total Support \$ _____

Check – Make checks payable to Cervical Spine Research Society.

Wire Transfer

Credit Card – Please complete the information below: *CSRS charges a fee of 2.5% for credit card purchases over \$5,000.*

Card Type: VISA MasterCard American Express

Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Print Name/Title: _____

Date: _____

Please retain a copy of this contract for your files and return this original application with appropriate payment information to:

Cervical Spine Research Society
Larissa Mickelson,
Meetings & Membership Manager
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Milwaukee, WI 53202
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Application for Exhibit Space

Application Deadline: **September 15, 2022** Payment and Materials Due: **October 4, 2022**

2022 Instructional Course and Annual Meeting

By completing and submitting the 2022 Instructional Course and Annual Meeting Application for Exhibit Space, we agree that Payment in full by October 4, 2022 must accompany this application but priority will be given by order of payment received.

All provision of the Rules and Regulations and General Information, as hereby published, shall be a part of this contract. Should we cancel this exhibit space reservation prior to October 4, 2022, we will receive a refund, less a 25% administrative fee. Should we cancel after October 4, 2022, we will forfeit the entire cost of the booth. We agree that all cancellations and refund requests be made in writing.

Signature: _____ Date: _____

Exhibit Contact Details Contact listed here will receive all exhibition-related correspondence, including invoices, exhibitor services kit, booth personnel registration, etc.

Contact Name: _____

Contact Telephone: _____ Contact Email: _____

Company Details (List all information below exactly as it should appear in on the website and in the program, including capititation and punctuation.)

Company Name: _____

Address: _____

City/State: _____ Country: _____ ZIP/Postal Code: _____

Phone: _____ Fax: _____

Website: _____

50 word company description is due to the CSRS office by Oct. 4, 2022 if you would like it included in the final program.

One (1) 10x10 booth requested \$3,000 Two (2) 10X10 booths requested \$6,000

Two complimentary meeting registrations are included if the information is supplied by Oct. 4, 2022. Any name changes will incur a \$100 change fee once they are submitted to the executive office.

Registrant Name: _____ Email: _____

Registrant Name: _____ Email: _____

Companies we do NOT wish to be near: _____

Companies we would like to be near: _____

PAYMENT INFORMATION

Total Support \$ _____

Check – Make checks payable to Cervical Spine Research Society.

Wire Transfer

Credit Card – Please complete the information below: *CSRS charges a fee of 2.5% for credit card purchases over \$5,000.*

Card Type: VISA MasterCard American Express

Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Print Name/Title: _____ Date: _____

Please retain a copy of this contract for your files and return this original application with appropriate payment information to:

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Industry Workshop Application

Application Deadline: **September 15, 2022** Payment and Materials Due: **October 4, 2022**

2022 Instructional Course and Annual Meeting

Industry Lunch Workshop \$20,000

Industry Breakfast Hands-on Workshop \$0 (included for those interested and purchasing an Industry Lunch)

Contact listed here will receive all Industry Workshop related correspondence, including invoices, logistical information, deadline reminders, etc.

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Company Details

List all information below exactly as it should appear in on the website and in the program, including capitalization and punctuation.

Company Name: _____

Address: _____

City/State: _____

Country: _____ ZIP/Postal Code: _____

By completing and submitting the 2022 Annual Meeting Industry Workshop Application, we agree that:

Payment in full by October 4, 2022 must accompany this application. Checks must be payable to Cervical Spine Research Society. CSRS charges a fee of 2.5% for credit card purchases over \$5,000.

All provision of the Rules and Regulations and General Information, as hereby published, shall be a part of this contract.

Should we cancel this Industry Workshop reservation prior to October 4, 2022, we will receive a refund, less a 25% administrative fee. Should we cancel after October 4, 2022, we will forfeit the entire cost of the workshop. We agree that all cancellations and refund requests be made in writing.

Signature: _____ Date: _____

PAYMENT INFORMATION

Total Support \$ _____

Check – Make checks payable to Cervical Spine Research Society.

Wire Transfer

Credit Card – Please complete the information below: *CSRS charges a fee of 2.5% for credit card purchases over \$5,000.*

Card Type: VISA MasterCard American Express

Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Print Name/Title: _____

Date: _____

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Industry Dinner Application

Application Deadline: **September 15, 2022** Payment and Materials Due: **October 4, 2022**

2022 Instructional Course and Annual Meeting

Industry Dinner \$20,000

Dinner Contact Details

Contact listed here will receive all Industry Dinner related correspondence, including invoices, logistical information, deadline reminders, etc.

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Company Details

List all information below exactly as it should appear in on the website and in the program, including capitalization and punctuation.

Company Name: _____

Address: _____

City/State: _____

Country: _____ ZIP/Postal Code: _____

Evening Preference *(please indicate preference 1-2)*

Thursday, November 17: Preference # _____

Friday, November 18: Preference # _____

By completing and submitting the 2022 Annual Meeting Industry Dinner Application, we agree that:

Payment in full by October 4, 2022 must accompany this application. Checks must be payable to Cervical Spine Research Society. CSRS charges a fee of 2.5% for credit card purchases over \$5,000.

All provision of the Rules and Regulations and General Information, as hereby published, shall be a part of this contract.

Should we cancel this Industry Dinner reservation prior to October 4, 2022, we will receive a refund, less a 25% administrative fee. Should we cancel after October 4, 2022, we will forfeit the entire cost of the dinner. We agree that all cancellations and refund requests be made in writing.

Signature: _____ Date: _____

PAYMENT INFORMATION

Total Support \$ _____

Check – Make checks payable to Cervical Spine Research Society.

Wire Transfer

Credit Card – Please complete the information below: *CSRS charges a fee of 2.5% for credit card purchases over \$5,000.*

Card Type: VISA MasterCard American Express

Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Print Name/Title: _____

Date: _____

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